

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90166 042 ***150.00

DOCUMENT # P95000079259

1. Entity Name
BILTMORE, INC.



Principal Place of Business
20025 N.E. 10 PLACE
MIAMI FL 33179
US

Mailing Address
20025 NE 10 PL
MIAMI FL 33179
US



2. Principal Place of Business

4872 NW 59 CT.

Suite, Apt. #, etc.

3. Mailing Address

4872 NW 59 CT.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

4. FEI Number

65-0618016

Applied For

☐ Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCORATOW, KIM
20025 NE 10 PL
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

KIM SCORATOW

Street Address (P.O. Box Number is Not Acceptable)

4872 NW 59 CT.

City

COCONUT CREEK

FL

Zip Code

33073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCORATOW, KIM**
STREET ADDRESS **20025 NE 10 PLACE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KIM SCORATOW**
STREET ADDRESS **4872 NW 59 CT.**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/03

Date

954 881 0384

Daytime Phone #

CR2E034 (10/02)